

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

CALVIN REED,

Plaintiff,

-against-

P.O. ANDRE LOGAN, et al.,

Defendants.

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: 08/09/2023

22-CV-10446 (JPC) (BCM)

**INITIAL CASE MANAGEMENT  
ORDER**

**BARBARA MOSES, United States Magistrate Judge.**

This action has been referred to Magistrate Judge Barbara Moses for general pretrial management, including scheduling, discovery, non-dispositive pretrial motions and settlement and for report and recommendation on dispositive motions, if any, pursuant to 28 U.S.C. § 636(b)(1)(A) and (B). All pretrial motions and applications, including those related to scheduling and discovery must be made to Judge Moses and in compliance with this Court's Individual Practices in Civil Cases, a copy of which is attached for the convenience of parties and counsel.

On August 9, 2023, the parties appeared by telephone for an Initial Case Management Conference pursuant to Fed. R. Civ. P. 16. For the reasons stated during the conference:

1. Second Amended Complaint. Plaintiff shall file his second amended complaint no later than **September 8, 2023**, using the copy of the form attached to this Order. Plaintiff is reminded that in his Second Amended Complaint he must list, by name, title, and shield number (where applicable), each defendant he intends to sue. Additionally, in his statement of claim, he must provide a short and plain statement of the relevant facts supporting each claim against each such DOCCS defendant in this action with respect to the incident of September 13, 2019. To the greatest extent possible, the Second Amended Complaint must:

- a. give the names and titles of all relevant persons (whether or not those persons are defendants);
- b. describe all relevant events, stating the facts that support plaintiff's case

- including what each defendant did or failed to do;
- c. give the dates and times of each relevant event or, if not known, the approximate date and time of each relevant event;
- d. give the location where each relevant event occurred, as precisely as possible;
- e. describe how each defendant's acts or omissions violated plaintiff's rights;
- f. describe the injuries plaintiff suffered as a result of the misconduct of the defendants in this case; and
- g. state what relief plaintiff seeks from the Court, such as money damages, injunctive relief, or declaratory relief.

In sum, plaintiff's Second Amended Complaint must tell the Court: who violated his federally protected rights; what facts show that his federally protected rights were violated; when such violations occurred; where such violations occurred; and why plaintiff is entitled to relief. **Because plaintiff's Second Amended Complaint will completely replace, not supplement, the Amended Complaint, any facts or claims that plaintiff wishes to maintain must be included in the Second Amended Complaint.**

2. Rule 12 Motion. Any motion for judgment on the pleadings or to dismiss shall be filed no later than **21 days from the date that plaintiff's second amended complaint is posted to the docket of this action.** The Court shall set a deadline for opposition and reply papers once defendants make the motion. The motion, and any other dispositive motion, shall be made to the **Hon. John P. Cronan** and in accordance with **Judge Cronan's** Individual Practices in Civil Cases.

3. Discovery. Defendants' deadline to respond to Plaintiff's Local Civil Rule 33.2 Interrogatories and Requests for Production of Documents is ADJOURNED *sine die* pending decision on defendants' anticipated motion to dismiss.

**Plaintiff is reminded that all letters and other communications with the Court from *pro se* parties must be submitted to the *Pro Se* Intake Unit, not directly to chambers. The *Pro***

*Se* Intake Unit is located in Room 105 in the Thurgood Marshall Courthouse, 40 Foley Square, New York, NY 10007 (telephone 212-805-0175). The staff of the Intake Unit may be of assistance to *pro se* litigants in connection with court procedures, but cannot provide legal advice.

Plaintiff is further reminded that it is his responsibility to update his address with the Court if and when it changes, so that he can timely receive the Court's Orders, as well as documents filed by defendants, and so that he can comply with his case-related obligations.

Dated: New York, New York  
August 9, 2023

**SO ORDERED.**

A handwritten signature in blue ink, appearing to read 'Barbara Moses', is written over a horizontal line.

**BARBARA MOSES**  
**United States Magistrate Judge**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

CALVIN REED, Plaintiff,

Write the full name of each plaintiff.

-against-

P.O. ANDRE LOGAN, S.P.O. MIGUEL MEDINA,

AREA SUPERVISOR NYDIA GARCIA, AND

S.P.O. SHANAVIA DANDRIDGE,

Defendants.

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

No. 22-CV-10446

(To be filled out by Clerk's Office)

**SECOND AMENDED  
COMPLAINT**

(Prisoner)

Do you want a jury trial?

☐ Yes ☐ No

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a “*Bivens*” action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

First Name	Middle Initial	Last Name
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State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency’s custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention

Institutional Address

County, City	State	Zip Code
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**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

## FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

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**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

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**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

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**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated	Plaintiff's Signature
First Name	Middle Initial
	Last Name
Prison Address	
County, City	State
	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_